

Life, Annuity, and Credit Transmittal Document

1.	Prepared for the State of					
2.	Department Use Only					
	State Tracking ID					
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____				
6.	Company Tracking Number					
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large </div> <div style="width: 50%;"> <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>				
9.	Type of Insurance					
10.	Product Coding Matrix Filing Code					
11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>				

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (if required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Kentucky.</p>	
<p>Print Name _____ Title _____</p>	
<p>Signature _____ Date: _____</p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number	FLESCH Score		Replaced Form Number Previous State Filing Number
1				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
2				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
3				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
4				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
5				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
6				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
7				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
8				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
9				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
10				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	